

CCL.655
Rev. 9/2003

Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
1000 SW Jackson * Suite 200
Topeka, Kansas 66612-1274
Telephone (785) 368-7015 * Fax (785) 296-7025
Website: www.kdheks.gov/kidsnet/



REQUEST FOR TRANSFER OF SPONSORING AGENCY

Please complete the following and return to **Kansas Department of Health and Environment**. The signatures of each foster parent and the receiving agency social worker are required.

I/we request the transfer of the sponsorship of my foster care license supervision as follows:

Name of Licensee (exactly as it appears on the license)		#
		License/Approval Number
(Address)	(City)	(Zip)
		(County)
		Telephone Number

From:

Name of Current Child Placing Agency

Street Address

City

Zip

Telephone Number

E-mail address

To:

Name of New Child Placing Agency

Street Address

City

Zip

Telephone Number

E-mail address

Receiving Child Placing Agency must complete its assessment, including a walk-through and submit the **CCL806, Recommendation for Use by CPA & Intent to Place** form with this request.

I/we request that the transfer become effective on: _____
Date

Signature of Foster Parent

Date

Signature of Foster Parent

Date

New CPA Sponsoring Agency Social Worker

Date

KDHE Receipt Date _____

Next Renewal Date _____